SUMMARY OF PRODUCT CHARACTERISTICS

1 NAME OF THE MEDICINAL PRODUCT

Oxybutynin hydrochloride 5mg Tablets

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each tablet contains 5 mg of oxybutynin hydrochloride.

Excipient with known effect: Each tablet contains 118.9mg of lactose (as lactose monohydrate).

For the full list of excipients, see section 6.1

3 PHARMACEUTICAL FORM

Tablet

Light blue, circular flat bevelled edged tablet with an approximate diameter of 7.5 mm, marked OXB 5 on one side and a break line on reverse.

The score line is only to facilitate breaking for ease of swallowing and not to divide into equal doses.

4 CLINICAL PARTICULARS

4.1 Therapeutic indications

Oxybutynin hydrochloride has antispasmodic/anticholinergic actions.

It is indicated for:
Adults:
The symptomatic treatment of urinary incontinence, frequency and urgency in patients with an unstable bladder (urge syndrome), whether due to neurogenic bladder disorders (detrusor hyperreflexia) in conditions such as multiple sclerosis and spina bifida, or to idiopathic detrusor instability (motor urge incontinence).

Paediatric population
Oxybutynin hydrochloride is indicated in children over 5 years of age for:
- Urinary incontinence, urgency and frequency in unstable bladder conditions due to idiopathic overactive bladder or neurogenic bladder disorders (detrusor overactivity).
- Nocturnal enuresis associated with detrusor over activity, in conjunction with non-drug therapy, when other treatment has failed.

4.2 Posology and method of administration

Posology

The dosage should be determined individually.

Adults
The usual dose is 5 mg two or three times a day. This may be increased up to a maximum of 5 mg four times daily (maximum dose 20 mg Oxybutynin per day) to obtain a clinical response, provided that the side effects are tolerated.

Elderly
The elimination half-life is increased in the elderly. Therefore, a dose of 2.5 mg twice daily, particularly if the patient is frail, is likely to be adequate. This dose may be increased to 5 mg two times a day to obtain a clinical response provided the side effects are well tolerated.

Paediatric population
Children 5 years of age and over
Neurogenic bladder instability: the usual dose is 2.5 mg twice a day. This dose can be increased up to 5 mg two or three times daily to obtain a clinical response provided the side effects are well tolerated.
Nocturnal enuresis: the usual dose is 2.5 mg twice a day. This dose may be increased to 5 mg two or three times daily to obtain a clinical response provided the side effects are tolerated. The last dose should be given before bedtime.

Children under 5 years of age
Oxybutynin is not recommended in children under 5 years of age due to insufficient clinical data.

Method of administration
For oral use.
The tablet should be swallowed with a glass of water.

4.3 Contraindications

- Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.
- Myasthenia Gravis;
- Narrow angle glaucoma or shallow anterior chamber;
- Gastrointestinal obstructive disorders including paralytic ileus, intestinal atony.
- Toxic megacolon;
- Severe ulcerative colitis;
- Bladder outflow obstruction where urinary retention may be precipitated.

4.4 Special warnings and precautions for use

Oxybutynin should be used with caution in patients with Parkinson's disease who are at greater risk of occurrence of adverse reactions to the product and in patients with

autonomic neuropathy (such as those with Parkinson's disease), severe gastro-intestinal motility disorders, hepatic or renal impairment.

Anticholinergic medicinal products may decrease gastrointestinal motility and should be used with caution in patients with gastrointestinal obstructive disorders, intestinal atony and ulcerative colitis.

Oxybutynin may aggravate cognitive disorders, symptoms of prostatic hypertrophy and tachycardia (thus be cautious in case of hyperthyroidism, congestive heart failure, cardiac arrhythmia, coronary heart disease, hypertension).

Anticholinergic CNS effects (such as hallucinations, agitation, confusion, somnolence) have been reported. Monitoring is recommended, especially in the first few months after initiating therapy or increasing the dose. If anticholinergic CNS effects develop, termination of treatment or dose reduction may be considered.

Since oxybutynin can cause narrow-angle glaucoma, patients should be advised to contact a physician immediately if they are aware of a sudden loss of visual acuity or ocular pain.

Oxybutynin may reduce salivary secretions which could result in dental caries, parodontosis or oral candidiasis.

Anticholinergic medicinal products should be used with caution in patients who have hiatus hernia/gastro-oesophageal reflux and/or who are concurrently taking medicinal products (such as bisphosphonates) that can cause or exacerbate oesophagitis.

When Oxybutynin is used in high environmental temperatures, this can cause heat prostration due to decreased sweating.

Elderly
Anticholinergic medicinal products should be used with caution in elderly patients due to the risk of cognitive impairment. They also have a higher risk of occurrence of adverse reactions to the product.

Paediatric population
The use of Oxybutynin in children under 5 years of age is not recommended; it has not been established whether Oxybutynin can be safely used in this age group.

There is limited evidence supporting the use of Oxybutynin in children with monosymptomatic nocturnal enuresis (not related to detrusor overactivity).

In children over 5 years of age, Oxybutynin hydrochloride should be used with caution as they may be more sensitive to the effects of the product, particularly the CNS and psychiatric adverse reactions.

Excipients
This medicinal product contains lactose. Patients with rare hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption should not take this medicine.

4.5 Interaction with other medicinal products and other forms of interaction

Care should be taken if other anticholinergic agents are administered together with oxybutynin hydrochloride, as potentiation of anticholinergic effects could occur.

The anticholinergic activity of oxybutynin is increased by concurrent use of other anticholinergics or medicinal products with anticholinergic activity, such as amantadine and other anticholinergic antiparkinsonian medicinal products (e.g. biperiden, levodopa), antihistamines, antipsychotics (e.g. phenothiazines, butyrophenones, clozapine), quinidine, digitalis, tricyclic antidepressants, atropine and related compounds like atropinic antispasmodics and dipyridamole.

By reducing gastric motility, oxybutynin may affect the absorption of other drugs. Oxybutynin is metabolised by cytochrome P 450 isoenzyme CYP 3A4. Concomitant administration with a CYP3A4 inhibitor can inhibit oxybutynin metabolism and increase oxybutynin exposure.

Oxybutynin, as an anticholinergic agent, may antagonize the effect of prokinetic therapies.

Concomitant use with cholinesterase inhibitors may result in reduced cholinesterase inhibitor efficacy.

Patients should be informed that alcohol may enhance the drowsiness caused by anticholinergic agents such as oxybutynin (see section 4.7).

4.6 Fertility, pregnancy and lactation

Pregnancy
There are no adequate data from the use of oxybutynin in pregnant women. Animal studies are insufficient with respect to effects on pregnancy, embryonal/foetal development, parturition or postnatal development (see section 5.3). The potential risk for humans is unknown. Oxybutynin should not be used during pregnancy unless clearly necessary.

Breastfeeding
When oxybutynin is used during lactation, a small amount is excreted in breast milk. Use of oxybutynin during breast-feeding is therefore not recommended.

4.7 Effects on ability to drive and use machines

Oxybutynin may cause drowsiness or blurred vision. Patients should be cautioned regarding activities requiring mental alertness such as driving, operating machinery or performing hazardous work whilst taking this medicine.

4.8 Undesirable effects

Like all medicines, oxybutynin can cause undesirable effects, although not everybody gets them. The frequency of possible undesirable effects listed below are currently defined as:

Very common (≥1/10); common (≥1/100 to <1/10); uncommon (≥1/1,000 to <1/100); rare (≥1/10,000 to <1/1,000); very rare (<1/10,000), not known (cannot be estimated from the available data).

ADVERSE REACTIONS REPORTED		
System Organ Class	**Frequency**	**Adverse Reaction (MedDRA Terms)**
Infections and Infestations	Not known	urinary tract infection
Immune System Disorders	Not known	hypersensitivity
Psychiatric Disorders	Common	confusional state
	Not known	agitation, anxiety, cognitive disorders in elderly, hallucinations, nightmares, paranoia, symptoms of depression, dependence to oxybutynin (in patients with history of drug or substance abuse)
Nervous System Disorders	Very common	dizziness, headache, somnolence
	Not known	cognitive disorders, convulsions, drowsiness, disorientation
Eye Disorders	Very common	vision blurred
	Common	dry eyes
	Not known	angle closure glaucoma, increased intraocular pressure, mydriasis
Cardiac Disorders	Common	palpitation
	Not known	arrhythmia, tachycardia
Vascular Disorders	Common	flushing (which may be more marked in children)
Respiratory, thoracic, and mediastinal disorders	Not known	epistaxis
Gastrointestinal Disorders	Very common	constipation, dry mouth, nausea
	Common	diarrhoea, vomiting
	Uncommon	abdominal discomfort, anorexia, decreased appetite, dysphagia
	Not known	gastroesophageal reflux, pseudo-obstruction in patients at risk (elderly or patients with constipation and treated with other drugs that decrease intestinal motility)
Skin and Subcutaneous Tissue Disorders	Very common	dry skin
	Not known	angioedema, hypohidrosis, rash, urticaria, photosensitivity
Musculoskeletal and connective tissue disorders	Not known	muscle disorders manifested as muscle weakness, myalgia

		and/ or muscle spasms
Renal and Urinary Disorders	Common	urinary retention
	Not known	difficulty in micturition
Injury, Poisoning and Procedural Complications	Not known	heat stroke

Reporting of suspected adverse reactions
Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the Yellow Card Scheme at: www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store.

4.9 Overdose

Symptoms of intoxication
The symptoms of overdose with oxybutynin progress from an intensification of the usual side-effects of CNS disturbances (from restlessness and excitement to psychotic behaviour), circulatory changes (flushing, fall in blood pressure, circulatory failure etc.), respiratory failure, paralysis and coma.

Management
Measures to be taken are:

1. Immediate gastric lavage
2. Physostigmine by slow intravenous injection
Adults: 0.5 to 2.0 mg of physostigmine by slow intravenous administration. Repeat after 5 minutes, if necessary up to a maximum total dose of 5mg.

Paediatric population: 30 micrograms/kg of physostigmine by slow intravenous administration. Repeat after 5 minutes, if necessary up to a maximum total dose of 2 mg.

Fever should be treated symptomatically with tepid sponging or ice packs.

In pronounced restlessness or excitation, diazepam 10 mg may be given by intravenous injection.

Tachycardia may be treated by intravenous injection of propranolol and urinary retention can be managed by bladder catheterisation.

In the event of progression of the curare-like effect to the paralysis of the respiratory muscles, mechanical ventilation will be required.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic Group: Urinary Antispasmodics
ATC-Code: G04BD

Mechanism of action
Oxybutynin has both direct antispasmodic action on the smooth muscle of the bladder detrusor muscle as well as an anticholinergic action in blocking the muscarinic effects of acetylcholine on smooth muscle.

These properties cause relaxation of the detrusor muscle of the bladder and in patients with an unstable bladder. Oxybutynin increases bladder capacity and reduces the incidence of spontaneous contraction of the detrusor muscle.

5.2 Pharmacokinetic properties

Absorption
Oxybutynin is poorly absorbed from the gastro-intestinal tract, the peak plasma level is reached between 0.5 to 1 hour after administration.

Distribution
It is highly bound to plasma proteins.

Biotransformation
Oxybutynin undergoes extensive first-pass metabolism, particularly by the cytochrome P450 isoenzyme CYP3A4, and systemic oral bioavailability has been reported to be only 6%. N-desethyloxybutynin is an active metabolite.

Elimination
The half-life is biexponential, the first phase being about 40 minutes and the second about 2 – 3 hours. Oxybutynin and its metabolites are excreted in the faeces and urine. There is no evidence of accumulation. The elimination half-life maybe increased in the elderly, particularly if they are frail.

5.3 Preclinical safety data

No data of therapeutic relevance.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Crospovidone, microcrystalline cellulose, lactose monohydrate, magnesium stearate, indigo carmine aluminium lake (E132).

6.2 Incompatibilities

None known.

6.3 Shelf life

3 years.

6.4 Special precautions for storage

Store below 25°C in a dry place.

6.5 Nature and contents of container

Oxybutynin hydrochloride tablets are available in Aluminium / uPVC / PVdC strips. in boxes of 20, 28, 30, 56, 60, 84 and 120 tablets.

Not all packs sizes may be marketed.

6.6 Special precautions for disposal

Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

7 MARKETING AUTHORISATION HOLDER

Tillomed Laboratories Ltd
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Luton
LU2 8DL
United Kingdom

8. MARKETING AUTHORISATION NUMBER(S)

PL 11311/0137

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

30/03/2009

10 DATE OF REVISION OF THE TEXT

25/08/2023